

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43103

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 2976	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1266 Jefferson</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>9330 Creve Coeur</u> d. STREET ADDRESS (If rural, give location) <u>4730</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>ARNOLD C.</u>		a. (First)		b. (Middle) <u>HARTENBACH</u>		c. (Last)	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Sept. 14, 1906</u>	
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Golf Club Manager</u>		<b>9b. KIND OF BUSINESS OR INDUSTRY</b> <u>Creve Coeur Club</u>		<b>9. AGE</b> (In years last birthday) <u>44</u>		<b>10. BIRTHPLACE</b> (State or foreign country) <u>St. Louis</u>	
<b>10a. FATHER'S NAME</b> <u>Casper Hartenbach</u>		<b>10b. MOTHER'S MAIDEN NAME</b> <u>Elsa Hulsman</u>		<b>10c. NAME OF HUSBAND OR WIFE</b> <u>Margaret Hartenbach</u>		<b>11. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>11. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>12. SOCIAL SECURITY NO.</b> <u>492-20-4353</u>		<b>13. INFORMANT'S SIGNATURE OR NAME</b> <u>Margaret Hartenbach</u>		<b>14. ADDRESS</b> <u>Creve Coeur Mo.</u>	
<b>15. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Infarction</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Occlusion</u>  <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <b>16. DATE OF OPERATION</b> _____				<b>17. MEDICAL CERTIFICATION</b>  <b>18. INTERVAL BETWEEN ONSET AND DEATH</b> <u>4201</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>19c. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>20a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>20b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21a. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21b. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21c. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>11-24</u> , 19 <u>50</u> , <b>to</b> <u>12-7</u> , 19 <u>50</u> , <b>that I last saw the deceased alive on</b> <u>12-7</u> , 19 <u>50</u> , <b>and that death occurred at</b> <u>8 P</u> m., <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>Royal C. McLean M.D.</u>				<b>23b. ADDRESS</b> <u>Kirkwood Mo.</u>		<b>23c. DATE SIGNED</b> <u>12-7-50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Dec. 11</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12/10/50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert P. Donke</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. J. Ortman</u>			
				<b>ADDRESS</b> <u>Funeral Home 9222 Lackland</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Al. C. Ortman

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.